STATE OF NEBRASKA FORM NO. CC 6:1A 08/2007 Rev. REQUIRED		IANCIAL AFFIDAVIT		CASE NUMBER
IN THE COUN	ITY COURT OF		COU	NTY, NEBRASKA
vs.	Plaintiff	FINA	NCIAL AF	FIDAVIT
	 Defendant			
☐ I am unable to affo☐ I am unable to pay The nature of this a I hereby submit the follow I. Employer:	rd counsel to represent r the judgment assessed action, defense or appea	ne in this proceeding. against me; I wish to app I is:  Address:	ly for time in wh	ve I am entitled to redress
	d:			, <b>, , ,</b>
II. Income (Monthly) A. Wages B. Welfar C. Unemp D. Parent E. Other	e bloyment	Self \$ \$ \$ \$ \$ \$	\$pouse \$ \$ \$ \$	
C. Autom D. Real E	Accounts obiles	\$ F. \$ G. \$ H. \$ I. \$ J.	Rentals Tools Equipment Jewelry Other	\$ \$ \$ \$
IV. <b>Marital Status:</b> □ Name of Spouse:	Single   Married   E	☐ Divorced ☐ Widowe	d	

**Monthly Expenses** 

(continue on back, if needed/

٧.

**Debts** 

(continue on back, if needed/

VI.	Education Completed:			
l swea followi		oregoing financial affidavit is true and hereby request the		
_ _ _	Waiver of payment of docket fee, cost bond and other costs of appeal.  Appointment of counsel to represent me in this proceeding.  Additional time in which to pay the judgment assessed against me.			
DATE:	DEFENDANT:_			
ADDRI	ESS:			
PHONE NUMBER:		D.O.B.		
SUBSO	CRIBED AND SWORN TO BEFORE ME:			